

CLAC
52078

RECEIVED

WELL I.D.# L11375

STATE OF OREGON
WATER SUPPLY WELL REPORT

42149

AUG 11 1997

(START CARD) #

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name David W Koenig
Address 10451 S. Kraxburger Rd
City Canby State OR Zip 97013

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 280 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	1	50	Bentonite	1	50	23 sacks
8	50	112				
6	112	288				

How was seal placed: Method A B C D E
 Other Granular Bentonite method

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	0	84	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	0	272	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8 @ 84 6 @ 272

(7) PERFORATIONS/SCREENS Drive Down

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
192	189	.188	150			<input type="checkbox"/>	<input type="checkbox"/>
212	226	.188	220			<input type="checkbox"/>	<input checked="" type="checkbox"/>
230	232	.188	330			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
200 _____ 168 _____ 5 hr 1 hr
Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County CLACKAMAS Latitude _____ Longitude _____
Township 45 N or S Range 1e E or W. WM.
Section 14 Ne 1/4 Sw 1/4
Tax Lot 1900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
Same

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date May 7th
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	288		60

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	1	3	
Clay, Brown	3	57	
Cemented gravel, brown	57	63	
Cemented gravel & boulders	63	86	
Clay, grey	86	93	
Cemented gravel	93	131	
Clay, grey	131	177	
Sand, black	177	180	
Cemented gravel	180	185	
Clay, grey silty	185	212	
Black sand, fine, cemented	212	214	
Clay, dark grey w/ cement gvl	214	252	
Clay, grey	252	279	
Sand, black	279	288	

Date started 13 Feb Completed July 10, 1997

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 743
Signed Richard Beck Date Aug 8, 97